

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 684

FILED FEB 1 1951

BIRTH NO.		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 5365		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>Darwin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u>			
b. CITY OR TOWN <u>Lincoln Jmp Brim 870 rural</u>		c. LENGTH OF STAY (in this place) <u>rural</u>		c. CITY OR TOWN <u>TRENTON</u>		0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 70 Brim. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1530 CEDAR ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u>		b. (Middle) <u>MARDERET</u>		c. (Last) <u>KENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-51</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCTOBER 4, 1884</u>	
9. AGE (in years last birthday) <u>68</u>		10. MONTHS <u>3</u>		11. DAYS <u>10</u>		12. IF UNDER 24 HRS. Hours Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Darwin County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DANIEL McATEE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH Anna Frewitt</u>		14. NAME OF HUSBAND OR WIFE <u>JAY KENT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jay G. Kent, R. 2 Box 10 Darwin, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> ANTECEDENT CAUSES <u>also Acute Nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 weeks</u>				ADDRESS <u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>51</u> , to <u>Jan 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>51</u> , and that death occurred at <u>5:20 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. A. Jeffery M.D.</u>		23b. ADDRESS <u>0 Trenton Mo.</u>		23c. DATE SIGNED <u>Jan 15, 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coon Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Grundy Co</u>	
DATE REC'D BY LOCAL REG. <u>29 Jan. 1951</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhardt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Darwin - Blackmon, Trenton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3424

P. O. Address Shenton, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.